



# PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

*Your Voice In EMS*

## APPLICATION FOR PEHSC TASK FORCE/COMMITTEE MEMBERSHIP

The Council's cornerstone is the grassroots provider network which meets to discuss statewide issues. These grassroots providers generate recommendations for consideration by the PEHSC's Board. These recommendations ultimately lead to the delivery of formal recommendations to the Pennsylvania Department of Health. The volunteer, grassroots participation of pre-hospital providers throughout the Commonwealth gives EMS a voice in decision making at the state level. The volunteer involvement of providers in the PEHSC process has saved the Commonwealth thousands of dollars in personnel costs, as the PEHSC members often prepare statewide documents and/or educational programs to support recommendations. Interested providers may apply for membership to PEHSC Task Forces/Committees by completing this application. By completing this application, you are expressing an area of interest from which the Task Forces/Committees are formed. Task Forces/Committees are established either on a long term or short term basis and are either focused on a specific issue or general topic area.

Task Force/Committee membership is granted annually by the chairpersons and/or Executive Committee through the review of applications and existing membership in regard to the Task Force/Committee guidelines, if applicable. Task Force/Committee membership is not related to one's organizational affiliation but is related to an individual's background, experience and geographic representation in regard to their Task Force/Committee of choice. All of PEHSC's meetings are open to the public; however, Task Force/Committee membership is required to hold voting privileges. You must meet attendance requirements to maintain your membership. Review the guidelines of the appropriate Task Force/Committee for details (if applicable).

***Your application does not guarantee that a Task Force will be established or meet regularly; however, you will be entered into a database for future reference as projects arise.***

### **Restricted membership guidelines apply to the task force/committee listed in bolded text:**

Medical Advisory Committee (*Limited to Regional Medical Directors/Designees or MD/DO only-  
representing a specific statewide medical association*)

Critical Incident Stress Management (*Must be a Team Leader or a member of a team*)

Prehospital Nursing

Telecommunications

EMS Information (Data)

System Finance

EMS Operations

Legislation/Regulatory

EMS Education ALS BLS

EMS Managers

EMS for Children

State EMS Development Plan

Clinical/Field ALS BLS

Air Medical

Public Information, Education and Relations

Community EMS (Paramedicine)

Rescue

Name: \_\_\_\_\_  
Last First MI

E-Mail Address for Receipt of all Mailings (REQUIRED): \_\_\_\_\_

Address: \_\_\_\_\_  Home  Work

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Fax) \_\_\_\_\_ (Mobile) \_\_\_\_\_

rev 4-12

**APPLICATION FOR PEHSC TASK FORCE/COMMITTEE MEMBERSHIP**

**REQUIRED INFORMATION**

County of Residence: \_\_\_\_\_

Area Type:                      Rural          Suburban          Urban

EMS Council Region:  
\_\_\_\_\_

Licenses/Certifications (current only):  
\_\_\_\_\_

Degrees Held (if applicable):  
\_\_\_\_\_

Specialized Training or Areas of Expertise:  
\_\_\_\_\_

Emergency Services Related – Memberships/Position Held:  
\_\_\_\_\_

**Current Positions Held: - check as many as apply**

- |                                    |  |
|------------------------------------|--|
| Volunteer First Responder          | Volunteer PHRN                                     |
| Volunteer EMT-Paramedic            | Volunteer Fire/Rescue                              |
| Volunteer Emergency Responder      | County EMS Council                                 |
| Full Time Paid EMS Provider        | Part-time Paid EMS Provider                        |
| EMS Educator    BLS    ALS    Both | Management/Admin of EMS Organization    BLS    ALS |
| Management/Admin. Of EMS Assoc.    | Industrial EMS Provider                            |
| Volunteer EMT                      | Other _____  |
| Certification Number _____         |  |

**Organization Type:**

- |                                |                                   |
|--------------------------------|-----------------------------------|
| Non-Profit BLS                 | For Profit EMS                    |
| Non-Profit ALS                 | Hospital for Profit               |
| Hospital for Non-Profit        | Regional EMS Council              |
| Industrial Health Care         | Government (Describe _____)       |
| State Organization/Association | Regional Organization/Association |
| Training Site                  | Other _____                       |

**APPLICATION FOR PEHSC TASK FORCE/COMMITTEE MEMBERSHIP**

All Council and Task Force/Committee guidelines apply to membership. It is the responsibility of the Member to update the Council staff of any changes to address, etc.

I agree to the conditions of membership.

Have you ever been convicted of a criminal offense, or have you forfeited bond or collateral in connection with a criminal charge?  Yes  No

The term criminal offense is defined as a felony, misdemeanor, summary offense, and/or conviction resulting from a plea of nolo contendere (no contest). You may omit (1) minor traffic violations; (2) offenses committed before your 18<sup>th</sup> birthday, which were adjudicated in juvenile court or under a youth offender law; (3) conviction which has been expunged by a court of for which you successfully completed an Accelerated Rehabilitative Disposition program. Conviction of a criminal offense is not a bar to membership in all cases. Each case is considered on its merit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
(Please print name)

**Thank you, you will be advised upon receipt of your application. Incomplete applications will be rejected.**

**OPTIONAL INFORMATION:**

**Occupation:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_